

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23	1					
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48	1					
49		1				
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56	1	2				
57						
58						
59						
60						
61						
62						
63						
64	1					
65		1				
66						
67	1					
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78	1					
79						
80						
81						
82						
83						
84						
85						
86						
87	1					
88						
89						
90						
91		6				
92		6				
93		4				
94		1				
95						
96						
97						
98						
99						
100						
TOTAL IND.	9					
TOTAL DEP.		85				
TOTAL CLAIMS	94					